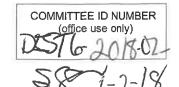
☐ Amended Application

□ Amended Application

Date: _/- 2- | \$



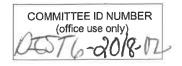


C(ITEE TYPE (choose one):

Candidate Committee Name (required): (first or last name & office)	
	Elect Eric Cultum - District 6 (2018)
	1
Candidate Information:	Candidate's Name (required): Fric Cultum
	Candidate's mailing address (required): 11835 N. 151st Drive
	Candidate's email address (required): Cultum 7 @ amail. com
	Candidate's phone number (required): 623-455-0093
Office County (channel and)	Candidate's website (if any): Attorney General ☐ State Treasurer
Office Sought (choose one):	□ Governor □ Secretary of State □ Attorney General □ State Treasurer □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissione
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	□ County Office: □ □ District (if applicable): □
	*City/Town Office: Council District (if applicable): District 6
	2 D 1 C
Election Cycle for Office Sou	
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian ★ Republican □ Other:
(roquirou for particul offices)	
☐ Political Action Comr	nittee (PAC)
Committee Name (required):	
(if sponsored, must include	
sponsor's name)	□ Contributions □ Candidate-Related Independent Expenditures
sponsor's name) Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
sponsor's name) Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
sponsor's name) Political Function (optional): (select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	☐ Ballot Measure Expenditures ☐ Recall Expenditures
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any):
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any):
	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
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sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required):	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filling officer) (amended applications only) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)







C TTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 1835 N. 1515+ Dr.
		Committee's email address (required): Cultum @ amail . Com
		Committee's phone number (if any): 623 - 455 - 8093
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): SEIF
	-	Chairperson's physical address (required): 11835 N. 1515t Dr. Surprise 8537
		Chairperson's mailing address (if different):
		Chairperson's email address (required):
		Chairperson's phone number (required): 623 - 455 - 0093
		Chairperson's employer (required): Self - Employed
		Chairperson's occupation (required): Consultant
	Treasurer's Information:	Treasurer's name (required): Fric Cultum
	nodalor e memalani.	Treasurer's physical address (required): 11835 N 1515t Dr. Surprise AZ 95379
		Treasurer's mailing address (if different):
		Treasurer's email address (required): <u>cultum 7 e gmail.com</u>
		Treasurer's phone number (required): 623 - 455 - 6093
		Treasurer's employer (required): Self - Employed
		Treasurer's occupation (required): Consultant
,	Bank or Financial Institution:	Bank name (required): Bank of America
,	(do not list acct numbers)	Additional bank name (ifapplicable):
		Additional bank name (if applicable):
\		Additional bank frame (if applicable).
RATI	chairperson or treasurer of th committee and authorize it to campaign finance and reporti	ijury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng quide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
RATI	I declare under penalty of per chairperson or treasurer of th committee and authorize it to campaign finance and reporti §§ 16-901 to 16-938; and (5)	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's
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